

Broker

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/069410

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12	/					
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20	/					
21		1				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42	/					
43	/					
44	/					
45	/					
46		2				
47		2				
48	/					
49		1				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53			/			
54			/			
55			/			
56			4			
57			2			
58			2			
59			3			
60			6			
61			6			
62			6			
63		1				
64			6			
65			6			
66			6			
67			6			
68			7			
69			7			
70			7			
71		1				
72			1			
73			2			
74			2			
75		1				
76			1			
77			1			
78			7			
79			7			
80			7			
81			6			
82			6			
83			6			
84			6			
85			6			
86			6			
87			6			
88			6			
89		1				
90		1				
91		1				
92		1				
93			2			
94			2			
95		1				
96			1			
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						